LOUISIANA DEPARTMENT OF INSURANCE

APPLICATION FOR INDIVIDUAL RESIDENT OR NONRESIDENT INSURANCE PRODUCER OR SURPLUS LINES BROKER LICENSE

Read the application carefully and PRINT or TYPE your responses. Incomplete applications will cause delays in the licensing process. Application for licenses not requiring an exam and nonresident applications must be mailed directly to this Department.

Check appropriate box for license requested. Resident License (Check if you are a first-time applicant or if more than five years has elapsed since you last held a license.) Nonresident License (Check if you hold a resident license in another state or province of Canada.) Identify Home State: Identify Home State License #: (1) Soc. Security Number (2) If assigned, National Producer Number (NPN) 4 Are you affiliated with a financial institution/bank? (3) If applicable, NASD Individual Central Registration Depository (CRD) Number Yes \square No \square (7) Middle Name 5 Last Name JR/SR etc. 6 First Name 8 Date of Birth (month) (dav) (vear) 10 P.O. Box (1) City (9) Residence/Home Address (Physical Street) 12 State 13) Zip Code 14) Foreign Country (17) Are you a Citizen of the United States? (Check One) 15 Home Phone Number (16) Gender (Circle One) No [(If No, of which country are you a citizen?) Yes Male Female (If No, you must supply proof of eligibility.) (18) Business Entity Name (19) Business Address (Physical Street) (20) P.O. Box (21) City (22) State (23) Zip Code 24) Foreign Country 25) Business Phone Number (27) Business E-Mail Address (28) Business Web Site Address 26 Business Fax Number 30 P.O. Box 29 Applicant's Mailing Address (31) City (32) State 33) Zip Code 34) Foreign Country (5) a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business. b. List any trade names under which you are currently doing business or intend to do business. **Agency or Business Entity Affiliations** 6 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity) NPN_ FEIN _____ Name of Agency ___ FEIN NPN _____ Name of Agency __ NPN Name of Agency FEIN **Employment History** Decount for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education. From Month Year Month Year Position Held Name City State Foreign Country Name City State Foreign Country Name State Foreign Country City Name City State Foreign Country FISCAL DIVISION ONLY AGENT LICENSING ONLY FOR DEPARTMENT OF INSURANCE USE ONLY Classification Number Date Processed

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Initials
License Number
Issue Date

LOUISIANA DEPARTMENT OF INSURANCE

APPLICATION FOR INDIVIDUAL RESIDENT OR NONRESIDENT INSURANCE PRODUCER OR SURPLUS LINES BROKER LICENSE

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Pla	ce an X by the license t	ype for whic	ch you are a	applying					
	Producer				s Lines Broker (Code S)				
Pla	ce an X by one								
Resident License Nonres			ident License		Temporary License	Amended License			
Ma	jor Lines of Authority	– Place an X	by the lice	ense code(s) fo	r which you are applying				
Lin	e of Authority		Code	Exam	Fee (Non Refundable)	Expiration Date			
	Life		A	Yes	\$75	April 30 th Even Years			
	Health & Accident		В	Yes	\$75	April 30 th Even Years			
	Life Health & Accident		С	Yes	\$75	April 30 th Even Years			
	Property		J	Yes	\$75	April 30 th Odd Years			
	Casualty	K	Yes	\$75	April 30 th Odd Years				
	Property & Casualty	LM	Yes	\$75	April 30 th Odd Years				
	Personal Lines		W	Yes	\$75	April 30 th Odd Years			
	Variable Contracts		Z S	No	\$75	April 30 th Every Year April 30 th Every Year			
	Surplus Lines		5	Yes	\$250	April 30 Every Year			
Cre	dit Lines of Authority	_ Place an V	hy the lice	ense code(s) fo	or which you are applying				
	e of Authority		Code	Exam	Fee (Non Refundable)	Expiration Date			
LIII	Credit Life		E	No	\$75	April 30 th Even Years			
	Credit Health & Accide	ent .	F	No	\$75	April 30 Even Years April 30 th Even Years			
	Credit Life Health & Accident		EF	No	\$75	April 30 th Even Years			
-	Credit Property and Ca		R	No	\$75	April 30 th Odd Years			
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Lin	nited Lines of Authority	y – Place an	X by the li	cense code(s)	for which you are applying				
	e of Authority		Code	Exam	Fee (Non Refundable)	Expiration Date			
	Industrial Fire		0	Yes	\$75	April 30 th Odd Years			
	Bail Bond		P+	Yes	\$75	April 30 th Odd Years			
	Vehicle Physical Damage		M	Yes	\$75	April 30 th Odd Years			
	Fidelity & Surety		P	Yes	\$75	April 30 th Odd Years			
	Title		N	Yes	\$75	April 30 th Odd Years			
	Auto Club Service		X	No	\$75 initial line and	April 30 th Every Year			
	Tuto Ciuo Scivice		71	110	\$35 each additional line	ripin 30 Every rear			
	Industrial Life Health & Accident		D	No	\$75 initial line and	April 30 th Even Years			
					\$35 each additional line	F			
	Home Service	Home Service		No	\$75 initial line and	April 30 th Even Years			
					\$35 each additional line	1			
	Travel		I	No	\$75 initial line and \$35 each additional line	April 30 th Even Years			
					\$75 initial line and				
	Baggage		Q	No	\$35 each additional line	April 30 th Odd Years			
Lio	ensing fees are nonrefu	ındahla and	nontronsfo	mahla	\$35 cach additional line				
Reg	ardless of the date of is	sue, all life, l	health & ac	cident licenses	expire on April 30 th of the ex ld numbered years.	ven numbered years			
and	all property & casualty	y licenses exp	oire on Apri	il 30^{th} of the od	ld numbered years.				
	To avoid having to renew this license, I wish to have my license issued for May 1 st , and I understand that I cannot								
sell	, solicit or negotiate insu	rance policie	es until May	1 st .					
Nonresidents only: If you DO NOT find your license type listed above, you must provide the license type and									
qualifications you hold in your home state. You do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as your current information is available on the PDB.									
				i i ciit ii ii Oi ii iati(on is available oil the FDB.				
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	Background Information						
9)	The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.						
1.	Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?	Yes	No				
	"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.						
	If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A Yes No						
	If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A Yes No						
	If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a certified copy of the charging document, and c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.						
2.	Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?	Yes	_ No				
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.							
If you answer yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.							
3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others.							
	If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.						
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?							
	If you answer yes, identify the jurisdiction(s):						
5.	Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	Yes	No				
	If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.						
6.	Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	Yes	No				
	If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) certified copies of all relevant documents.						
7.	Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant?	Yes	_ No				
	If you answer yes to Question 7, by how many months are you in arrearage? Months						

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40 The Applicant must read the following very carefully:

- 1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- 2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- 3 I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
- 5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 7. For Nonresident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the nonresident state.

 Month Day Year Original Applicant Signature

Attachments

Full Legal Name (Printed or Typed)

4) The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- 1. For Nonresident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
- 2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

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